

NHS pay structure to be overhauled

John Warden, *parliamentary correspondent, BMJ*

Pay systems for staff in the NHS across the United Kingdom are to change radically under reforms initiated by the government last week, though it anticipates a long and difficult process of negotiation.

According to a proposal document, *Agenda for Change*, hundreds of pay scales and grades covering one million NHS employees will be merged into three national pay spines: one for doctors and dentists; one for nursing staff; and one for the rest.

A pay spine is a ladder of pay points. Staff would move up the pay spines as their skills and competence grow, rather than by automatic increments. Employers

would decide locally where to put each post on the pay spine, subject to national ceilings.

National pay thresholds would be set for key career stages, such as a newly qualified professional or an expert practitioner, ensuring guaranteed minimum pay levels. But the document states that the NHS has too rigid a structure of increments based only on the calendar.

For doctors, a new consultants' contract will be designed to ensure that rewards go to those who contribute most to the NHS. In place of a contract based on sessions it is proposed to base it on agreed responsibilities and clinical outcomes.

Not only would doctors be eligible for performance related pay above basic earnings, but also bonuses as rewards for "effective teams".

Discretionary points and distinction awards will reward consultants who make the biggest contribution to the NHS. The pay review bodies for doctors, dentists, nurses, and allied groups will remain.

For 300 000 other staff a single pay forum will replace 11 separate Whitley negotiating councils.

The health secretary, Frank Dobson, argues that the current pay system is out of date. It holds back the staff and restricts their careers. There is not enough incentive to take on extra responsibility or develop extra skills, he states.

At present staff are more defined by their titles than by what they do for patients. □

Three women win in cancer screening case

Clare Dyer, *legal correspondent, BMJ*

Three women who launched High Court compensation claims over Britain's worst case of cervical screening blunders won a ruling this week that they were victims of medical negligence.

Judge John Peppitt QC, sitting as a High Court judge in Canterbury, Kent, held that Kent and Canterbury Hospital had breached its duty of care towards Helen Palmer, aged 36, Sandra Penney, 36, and Lesley Cannon, 39, when screeners failed to pick up signs of pre-cancerous cells in cervical smears carried out between 1990 and 1992.

All three women—one of whom is childless—developed adenocarcinoma and had to have hysterectomies. The judge made his finding despite evidence from two cytologists called by the former East Kent health authority that they would not have expected such abnormalities to be picked up in a routine screening programme at that time.

In the case of one smear the health authority's witnesses stated that it could reasonably be interpreted as negative.

Sarah Harman, the solicitor for the three women, said that the result was a great victory because the women had overcome the longstanding "Bolam" test for medical negligence—this makes it difficult for a plaintiff to succeed if the defendant's expert witnesses state that the practice in question was acceptable at the time.

In 1996 the trust re-examined 91 000 smears. Eight women died, 30 others developed cancer and had hysterectomies, and hundreds of women needed treatment for abnormalities that had previously been undetected.

An independent inquiry in 1997 found a catalogue of mismanagement and failings in the service, which has since been transferred to another hospital. The saga led to a radical shake-up in cervical screening services and the setting of nationwide targets. □

Israel prepares for "Jerusalem syndrome"

Judy Siegel-Itzkovich, *Jerusalem*

Israel's mental health services met recently to prepare for a major increase in the "Jerusalem syndrome," with the expected increase in visitors to the Holy Land at the start of the next millennium.

The temporary psychiatric condition—characterised by patients believing that they have become biblical figures such as Jesus, John the Baptist, or Moses—has been known to Israeli psychiatrists for decades. It affects mainly Christian pilgrims but is occasionally diagnosed in Jews who tour holy sites. Those affected begin to act strangely, sometimes proclaiming that they are ancient religious figures sent on a holy mission. Apocalyptic Christians expect the next millennium to herald the second coming of Jesus on the Mount of Olives in Jerusalem, so experts have warned that the number of patients may increase sharply.

Professor Eliezer Witztum, a psychiatrist at Jerusalem's Herzog Memorial Hospital, explained that many Christians view Jerusalem as the site of the Armageddon and the second



Doomsday cult member is arrested in Jerusalem. More are expected

coming. When they visit Jerusalem, they may experience cognitive dissonance because of the conflict between their mental image of ancient Jerusalem and the reality of the modern city. Religious Jews with the syndrome may believe that the building of the third temple is imminent, that the ancient animal sacrifices will be restored, and that their own Messiah will soon arrive.

Professor Richard Landes, director of the Center for Millennial Studies at Boston University, Massachusetts, explained that the problem has occurred before. In the year 1033—the 1000th anniversary of the crucifixion—crowds of people visited Jerusalem to mark the event, and many refused to leave. This,

he warned, could repeat itself next year.

Jerusalem district psychiatrist Dr Yair Barel, who has examined many of the patients with the syndrome in recent years, said that patients tend to fall into distinct groups: those with a history of psychiatric problems who identify with biblical characters; and a smaller group of people who appear to have no drug, family, or employment problems at all but suddenly develop the syndrome.

"Some of the pilgrims put on white, toga-like clothes and start singing hymns. Everything passes in a week or so, and when they come to, patients are extremely embarrassed. They don't even want to talk about it," reported Dr Barel. □